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SWALE RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1947

COLONEL W. H. CRICHTON,
C.I.E., I.M.S., (RET.), M.B., CH.B.,
(EDIN), D.P.H., (LOND).,
MEDICAL OFFICER OF HEALTH.

VOILE & ROBERSON, PRINTERS, FAVERSHAM—1503

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SWALE RURAL DISTRICT COUNCIL

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o Members of Housing Committee

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PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

COL. W. H. CRICHTON, C.I.E., M.B., CH.B., D.P.H., I.M.S. (RET.)

Chief Sanitary Inspector :

MR. R. K. DUNNING, M.R.SAN.I., M.S.I.A.

Sanitary Inspector :

MR. C. G. A. RUDD, C.R.S.I.

Sanitary Assistant :

MR. DAVID FRENCH

Clerical Staff :

MISS D. MILLS

MR. STANLEY BRYANT BROOK

Rodent Officer :

MR. F. LOCKWOOD

SWALE RURAL DISTRICT COUNCIL

Telephone No. 2325.

PUBLIC HEALTH OFFICES,
 NEWTON HOUSE,
 NEWTON ROAD,
 FAVERSHAM.
July, 1948.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my first Annual Report on the Public Health of the Swale Rural District for the year 1947.

As you are aware my appointment as Medical Officer of Health dates from 1st September. I can, therefore, only comment with personal knowledge of matters which occurred in the latter part of the year. The gap of several months which elapsed between the death of my predecessor in office—Dr. Prideaux Selby — and the appointment of a Medical Officer of Health has not made the taking over of the District easy.

The Report has been prepared in six main Sections in which I have incorporated at the appropriate places, the report of the Chief Sanitary Inspector, Mr. Dunning.

The picture I have to present to you is not entirely a happy one. It is clouded by conditions which are essentially preventable, by a serious inadequacy of staff and by a lamentable shortage of housing accommodation, which is causing acute distress and laying the seed for further ill health. Underlying everything there is a crying need for the education of the people in Hygiene, that is to say in all matters pertaining to the art of healthy living and directed to the maintenance and improvement of the potential efficiency, physical and mental of every individual. This lack of knowledge is reflected in the Infant Mortality Rate, in the standard of school children's health and in the food infections. Until Hygiene can be included as an organised and compulsory subject in the School Curriculum, and until the schools themselves can be so improved and designed as to serve as a practical lesson in healthy living, no hope can be entertained of substantial progress in the realm of preventive medicine and in improving public health. The success of measures advocated for the improvement of the health of the people depends on the co-operation of the people, and this in turn depends on their full understanding of the object and the need of the measures.

Another disturbing feature is the existing organisation whereby the Medical Officer of Health of a District is not only deprived of the administration of important public health functions, but is thereby also deprived of all knowledge of these subjects which

day-to-day administration brings with it. In such circumstances the Medical Officer cannot adequately fulfil his function as he is unable to know what is going on around him and to advise on the appropriate measures to combat or prevent any factor detrimental to the public health.

There is much that needs to be done. I live in hope that the present restrictions and frustrations will be removed, and that in time I shall be afforded an opportunity as Medical Officer of Health to play my full part in assisting to bring about improvements in the health and contentment of the people.

Meanwhile, I consider myself fortunate to work with the Council of this District, and I am grateful for the encouragement and assistance I have been given by the Council and for the loyal co-operation of the Public Health staff.

I am,

Your obedient Servant,

W. H. CRICHTON,

Colonel I.M.S (Ret.).

SECTION I.

STATISTICS AND SOCIAL CONDITIONS

1. CLIMATE

Although no actual readings are available, it is worth recording that the winter of 1946-47 was of exceptional severity, many of the villages being snowbound for considerable periods. On the other hand the following summer was one of unusual brilliance which faded into a mild autumn and winter. There was so little rain that great anxiety was felt about wheat crops, but the fruit crops were exceptionally good, particularly apples and cherries, which sold at very favourable prices.

2. AREA

Area (in acres)—70,000 (no change).

3. POPULATION

The Registrar General's estimate of the resident population (mid-year 1947) was 17,950, which is only 310 in excess of the figure for the preceding year.

4. NUMBER OF INHABITED HOUSES ON RATE BOOKS :—

Dwelling houses, 5,500 (5,480).

Licensed premises with living accommodation, 59.

5. RATEABLE VALUE

Rateable Value, £68,486 (£68,416).

6. SUMS REPRESENTED BY PENNY RATE

£278 19s. 9d. (£278).

7. BIRTHS

(a) <i>Live Births</i>	M.	F.	Total
Legitimate ...	218 (187)	197 (180)	415 (367)
Illegitimate ...	17 (12)	7 (9)	24 (21)
	<hr/> 235 (199)	<hr/> 204 (189)	<hr/> 439 (388)

(b) <i>Still Births</i>	M.	F.	Total
Legitimate ...	4 (4)	4 (4)	8 (8)
Illegitimate ...	—	—	—

The percentage of still births to live births is 1.8% as compared with 2% in 1946.

(c) *Birth Rate.* The birth rate per thousand of the estimated population has risen to 24.4 from 21.9 in the preceding year and 19.6 in 1945. There is reason to believe that this post-war rise in the actual and relative number of births has reached its peak. The Rate for England and Wales for 1947 was 20.5 per 1,000.

(d) *Illegitimate Rate.* The percentage of illegitimate to legitimate births remains at 5.4.

8. DEATHS

(a) *Total deaths from all causes—*

Males	Females	Totals
132 (124)	96 (95)	228 (219)

(b) *Death Rate per thousand of estimated population, 12.7, as compared with 12.4 in 1946. There is very little change in the number of deaths and in the death rate. The Death Rate for England and Wales was 12 per thousand.*

(c) *Causes of Death—*

(i) According to the Registrar General's list the causes of death were as shown in Table I below. It is impossible under existing arrangements to check this list with the records maintained in the Public Health Office from which it differs materially because of "transferable" deaths, i.e., deaths among people occurring outside the District, and because of differences in the classification of the causes of death in accordance with the short list used by the Registrar General. It is hoped that arrangements will soon be completed whereby quarterly checks will be made between the two Offices. As things are, it is impossible at this stage to identify the cases or to know the circumstances attending the deaths.

TABLE I.

Causes of Death	Male	Female	Total
Cerebro-Spinal Fever ...	1 (—)	1 (—)	2 (—)
Scarlet Fever ...	— (—)	1 (—)	1 (—)
Tuberculosis Respiratory	6 (6)	3 (2)	9 (8)
Syphilitic diseases ...	1 (—)	— (—)	1 (—)
Influenza ...	4 (—)	— (1)	4 (1)
Cancer ...	22 (16)	13 (16)	35 (32)
Intracranial Vascular Lesions	14 (12)	9 (9)	23 (21)
Heart Disease ...	42 (48)	37 (32)	79 (80)
Bronchitis ...	6 (7)	2 (5)	8 (12)
Pneumonia ...	7 (8)	9 (4)	16 (12)
Other Respiratory Diseases	1 (—)	2 (1)	3 (1)
Ulcer of Stomach ...	1 (3)	1 (—)	2 (3)
Diarrhoea (under 2 yrs.)	2 (—)	— (1)	2 (1)
Other Digestive Diseases	1 (—)	4 (2)	5 (2)
Nephritis ...	3 (4)	2 (—)	5 (4)
Other maternal causes .	— (—)	1 (—)	1 (—)
Premature Birth ...	2 (2)	2 (2)	4 (4)
Congenital Malformations			
Birth and Injury Infant Diseases ...	5 (6)	3 (4)	8 (10)
Suicide ...	— (1)	1 (1)	1 (2)
Road Traffic Accidents	2 (1)	2 (—)	4 (1)
Other violent causes ...	3 (—)	2 (2)	5 (2)
All other causes ...	9 (8)	1 (9)	10 (17)
Totals ...	132 (124)	96 (95)	228 (219)

Note:—Figures in brackets refer to the preceding year.

(ii) The fact that Heart Diseases are shown in greatest prevalence (34.6%) should not be taken to mean that diseases of the

heart are unusually prevalent in the District. The explanation is that they are shown as the ultimate cause of death in many cases of old standing diseases and in the majority of cases of death from senility. It is, unfortunately, impossible, for the reasons stated above, to arrange the deaths correctly by age groups, but from the records available it is evident that a very large majority of deaths occur at extreme old age.

(iii) *Cancer* is undoubtedly the greatest "killer" with 15.3% of the total causes of death. Beside it the proportion of deaths from *Tuberculosis*, for many years considered the greatest cause of death, fall into insignificance (3.8%), the nearest approach to this figure being that for *Intracranial Vascular Lesions* with 10%. In most cases, deaths from cancer occur at least at a mature age, the reason being that because of the insidious character of its growth it frequently does not manifest itself until it is very well advanced. Apart from the fact that a larger number of cases occurred amongst males (22) than among females (13) it is impossible for me to analyse the cases further with the data at my disposal. Generally the disease attacks males in the digestive system (mouth, stomach and bowels) and females in the breast and generative organs.

(iv) As far as it is possible to ascertain, the deaths from *Intracranial Vascular Lesions* occurred as the ultimate result of degenerative changes in the arteries associated with old age, in many cases, extreme old age. Heart diseases and intracranial vascular lesions together (102) account for 44.7% of all the deaths recorded, and of these it may confidently be stated that 90% were due simply to old age.

(v) It will be noted that *pneumonia* was the cause of death in 16 cases, representing 7% of the total. There were primary pneumonias which must be considered apart from the four influenzal deaths in which the ultimate cause of death was probably pneumonia. It is noteworthy that, with deaths from bronchitis and other causes, diseases of the respiratory system (mainly the lungs) are responsible for 13.4% of the deaths, and with Pulmonary Tuberculosis, for 17.5%.

(vi) "*Other Digestive Diseases*" (5) and "*All Other Causes*" (10) account together for 6.5% of the total causes of death. Unfortunately it is impossible at this stage to state what the exact causes were or how they could be guarded against.

(vii) The conclusions which may be drawn from this inadequate analysis therefore are :—

- (a) that nearly 50% of the deaths recorded may fairly be attributed to old age and its associated effects ;
- (b) that cancer is the greatest single cause of death ;
- (c) that a high proportion of deaths is due to affections of the Respiratory System ;
- (d) that in an appreciable number of deaths, 6.5% the exact cause is not known in this office ;

(e) that the number of deaths from Tuberculosis is low.

It must, of course, be borne in mind that one is dealing here with fatalities, and that although these are largely accountable by old age, they represent only a small proportion of the illness or *morbidity* which prevails and with which Preventive Medicine is chiefly concerned.

(d) *Infant Mortality*—

(i) The number of deaths among infants under one year of age was 21 as compared with 18 in the preceding year and 9 in 1945. This represents an *Infant Mortality Rate* of 47.8 *per thousand*, which is higher than that recorded in the preceding year.

(ii) It has long been an established fact that the rate of infant mortality is an index of the social conditions prevailing in any area. Thus, Jameson and Parkinson state “. . . *Infant Mortality is probably the best index we possess to the social circumstances of an area as the Rate tends to be high in places where bad housing, overcrowding, defective sanitation coupled with maternal ignorance and neglect, are found*” . . . It cannot be denied that in many parts of the District all these factors are present in varying degree, and the reflection of these conditions in the Infant Mortality Rate must be regarded as a cause for serious concern. It is wrong to assume that life in the country is so “healthy” that transgressions against the laws of hygiene and sanitation can be ignored. This is borne out by the fact that the Infant Mortality Rates for the same period in the Urban Districts of Sittingbourne and Faversham are considerably lower than those in the Swale—32 and 27.1 per 1,000 respectively. This is an interesting and instructive comparison.

(iii) Of the 21 infant deaths recorded only two were illegitimate. It cannot, therefore, be held that these infant deaths were due to neglect of “unwanted” babies.

(iv) The causes of death among these infants, as far as these can be ascertained, were as follows :—

TABLE II
CAUSES OF DEATH — INFANTS

Cause of Death	Male	Female	Total
Prematurity (1 day, 5, 7, 10 days)	2	2	4
Congenital Malformations and Birth Injuries (1 day — 7 days)	2	3	5*
Pneumonia and Broncho Pneumonia (1 week — 3 months) ...	3	4	7
Gastro intestinal infections (5 months — 8 months) ...	2	1	3
Acute Fulminating Septicæmia (7 months) ...	1	—	1
Toxic Erysipelas (7 days) ...	1	—	1
Totals ...	11	10	21

* These figures do not tally exactly with those given by the Registrar General, who has classified eight deaths under this heading.

(v) It will be noted that the majority of the deaths were due to *pneumonia* or *broncho-pneumonia*, and further, that three deaths were due to *gastro-intestinal infections*. Both these conditions are essentially preventable by better housing, better sanitation and better *education in hygienic living*. Together, these two conditions are responsible for nearly 50% of the total causes of death among infants. Prematurity is one of the greatest single causes of the loss of infant life and many of its causes, such as syphilis, pre-eclamptic toxæmia, placenta prævia and blood incompatibility are susceptible to ante-natal recognition and correction, and therefore of prevention. Similarly many of the causes which give rise to *birth injuries* are capable of prevention by ante-natal care. The Maternity and Child Welfare Services are administered by the County. This Office is, therefore, not in a position to comment on the Services provided.

(vi) The circumstances attending the deaths from Acute Fulminating Septicæmia and from Toxic Erysipelas are not known.

(e) *Still Births—*

The number of still births reported was eight, the same as in the preceding year. The proportion of still births to live births has improved slightly from 2% to 1.8%

(f) *Excess of Births over Deaths—*

The excess of births over deaths was 211 representing 48%. The difference was 56.4% in the preceding year.

SECTION II.

INFECTIOUS AND OTHER DISEASES.

THEIR PREVALENCE AND CONTROL.

1. The infectious diseases notified during the year were as follows:

TABLE III.
INFECTIOUS DISEASE NOTIFIED

Disease	Cases Notified	Removed to Hospital or Sanatorium	Deaths
Ophthalmia Neonatorum	4	—	—
Scarlet Fever	26 (29)*	22	1
Diphtheria	1 (2)	1	—
Pneumonia	16 (13)	1	16
Puerperal Fever	3 (—)	3	—
Erysipelas	3 (3)	1	—
Cerebro Spinal Meningitis	1 (1)	1	—
Dysentery (Sonné)	2 (5)	—	—
Acute Anterior Poliomyelitis	2 (1)	2	—
Measles	150 (111)	—	—
Whooping Cough	48 (42)	—	—
Tuberculosis Pulmonary	10 (12)	10	9
Non-Pulmonary	2 (6)	—	—
Totals	268 (225)	41	26

* Note: Figures in brackets refer to the preceding year.

2. The age group distribution of the diseases notified is shown in the following table:—

TABLE IV.
AGE GROUP DISTRIBUTION — INFECTIOUS DISEASE

Age Group	DISEASES													Totals
	Ophthalmia Neonatorum	Scarlet Fever	Diphtheria	Pneumonia	Erysipelas	Puerperal Fever	C.S.M.	Dysentery	Poliomyelitis	Measles	Whooping Cough	Pulmonary	Non-Pulmonary	
0-5	4	9	—	4	1	—	—	1	1	72	30	—	1	123
-10	—	12	—	3	—	—	—	—	—	77	17	1	—	110
-15	—	2	—	1	—	—	—	—	—	1	1	—	—	5
-20	—	2	1	—	—	—	—	—	1	—	—	6	—	10
-45	—	1	—	3	—	3	1	1	—	—	—	3	1	13
over 45	—	—	—	5	2	—	—	—	—	—	—	—	—	7
	4	26	1	16	3	3	1	2	2	150	48	10	2	268

3. The Distribution by Parishes of cases in the District is shown in Appendix A. (Page 1).

4. COMMENT

(a) *Scarlet Fever*. The death from Scarlet Fever occurred in a 15-months-old baby who developed Streptococcal broncho-pneumonia, a comparatively rare complication.

(b) *Diphtheria*. (i) The immunisation state of the District on 31st December, 1947, was 33.5% for children under five years of age, and 17% for children between six and fourteen, both inclusive. An investigation among school children which followed this assessment revealed that 260 required primary immunisation and 856 were in need of "booster" doses. Arrangements were in progress at the end of the year to provide facilities for the immunisation of these children. During the year 149 infants had been immunised by Medical Practitioners, approximately 44% of the children born in the preceding year—and only 16 children were given "booster" or reinforcement immunisation at school age. It is particularly in the "booster" immunisation that the present system is inadequate, but the fact that more than half the children at school do not receive any protection at all is disquieting and calls for a radical change in the existing arrangements for immunisation. During the coming year (1948) Diphtheria Immunisation will pass into the keeping of County Council under the terms of the National Health Service Act. It will therefore no longer be possible for the Medical Officer of Health to know what is the immunisation state of the children in his District—an extraordinary and lamentable situation.

(ii) Of the solitary case notified, little is known except that it occurred in August, 1947, in a boy of 16 who is said to have been "immunised at school," and who made an uneventful recovery.

(c) The two cases of *Dysentery* (Sonné) both occurred in August, one in an infant aged 5 months, the other in a man of 45. The former occurred in the parish of Oare and the other in that of Throwley at the opposite end of the District. Although the possibility of any connection between these two cases can be ruled out, they should not on the other hand be considered as isolated cases. There is evidence of a very widespread incidence of the infection at the time although most of the cases were not notified. In Faversham Borough District a large number of very acute cases of food poisoning were heard of but only a few were notified and one, a Sonné infection, was fatal. The need for education on food infections in schools and for the general public is urgent.

(d) *Anterior Poliomyelitis*. With a widespread and serious epidemic of poliomyelitis invading the Home Counties, the Swale Rural District was fortunate in only having two cases. Both were interesting—one being a baby of *four months* in whom the disease affected the muscles of both arms particularly the left, and the muscles of respiration. He is still alive and making good progress.

at the time of writing (July 1948). The other was a very healthy young girl of 18 in whom the disease only manifested itself in the general symptoms and the partial paralysis of the muscles of the hand and feet. She is reported to be making excellent progress.

(e) The outbreak of *Measles* which was responsible for a large number of cases (150) was remarkable in that the peak was in June and July (87 cases) instead of in March—a rare circumstance. On the whole the attacks were not severe, but there was often a protracted convalescence and frequently a superimposed Whooping Cough infection. It is hoped that Convalescent Serum will continue to be made available by the County Council for use by Medical Practitioners as a preventive or palliative measure. Its value is well established and it deserves wider application than is made of it to-day.

(f) *Whooping Cough* also presents the unusual feature of being spread more or less evenly over the whole year with perhaps a slight emphasis in October, instead of the usual seasonal prevalence between December and April. This infectious disease is causing a very great deal of distress to patients and parents, a very considerable lowering of children's health from the length and severity of the attacks, and very serious dislocation in home and schools. There is a growing demand by the people for protection and it is hoped that the experiments now being carried out in the use of the prophylactic vaccine will provide results which will justify its use on a wide scale in the near future. There is reason to believe that as a result of increased knowledge of the properties of vaccines made from the organism responsible for Whooping Cough, the position is more encouraging than it has been hitherto with regard to their efficacy.

(g) *Tuberculosis*—

(i) Although the “profit and loss” account for the year shows a small diminution in the balance at the end of the year, the situation regarding the incidence of the disease in the Swale gives no cause for any satisfaction. Thus:—

TABLE V.

	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.	
On Register 1.1.47 ...	36	26	18	17	97
New Cases Notified ...	5	5	1	1	12
Transferred to District	—	—	—	—	—
Totals	41	31	19	18	109
Died	6	3	—	—	9
Transferred to other Districts	1	4	—	1	6
Recovered	—	—	—	5	5
Diagnosis cancelled ...	—	—	—	1	1
	7	7	—	7	21
Balance on 31.12.47 ...	34	24	14	16	88

(ii) Taking the pulmonary cases alone, there have been no less than ten new cases notified, nine deaths and no recoveries. No Parish is particularly affected but once the infection invades a family in the overcrowded conditions in which many of the people are living, the prospects of its spread are undoubtedly very high. The high correlation between overcrowding and the incidence of Tuberculosis was established several years ago in a large town, thus:—

	Categories	Incidence rate per 1,000			
Persons occupying	1 room	...	...	...	4.4
"	2 rooms	...	...	...	3.4
"	3 "	...	...	...	2.3
"	4 "	...	...	...	2.2
"	over 4 rooms	...	...	...	1.3
All persons living in dwelling houses		...	...	...	2.6

(iii) It is hoped to carry out a similar investigation in the District in association with the Housing Survey. Meanwhile there have been several cases in the District which have provided excellent, but tragic, examples of family spread. Wherever it has been possible, improved accommodation has been provided by the Council on the recommendation of this Office. One frequent difficulty which arises is that the large families concerned cannot be accommodated in the Council houses which are being built at the present time.

(h) *Other Diseases*—

(i) Strange as it may seem, the Medical Officer of Health has no knowledge of the degree of protection present among the population in his District against *Small Pox*. In a county like Kent with its many important seaports and airports, the degree of protection against small pox is an important matter particularly so as there is reason to believe that the majority of the people do not understand its importance. The lessons of the Yorkshire outbreak during the year under review which accounted for 79 cases, with no less than 15 deaths, from two "importations" from abroad, has not reached the average man in the street; nor the fact that to wait until the invading force is upon us may be too late.

(ii) Stranger still is the fact that the Medical Officer of Health is completely in the dark regarding the incidence, origin, character and prevalence of *Venereal Diseases* in his District. No further comment is possible

SECTION III.

GENERAL PROVISIONS OF HEALTH SERVICES.

1. The Health Services provided by the District consist solely of the staff of the Health Department, i.e. the Medical Officer of Health, who is also Medical Officer of Health of the Sittingbourne and Milton Urban District Council and Faversham Borough and Assistant County Medical Officer, and the two Sanitary Inspectors. With this attenuated staff it is impossible in so large an area to organise the Sanitary duties on a preventive basis. They must necessarily be arranged on the "catch-as-catch-can" principle and such important investigations as housing surveys have inevitably been neglected.

2. The duties of the Health Department as now organised consist mainly of investigations of complaints connected with housing defects, the assessment of applications for Council houses and for repairs of houses, the investigations of selected cases of infectious disease and the carrying out of disinfections required, the inspections of fruit and hop-pickers' camps and of dairies and food premises, and finally, rodent control. In a very scattered Rural District covering 70,000 acres it is difficult even for these duties to be covered satisfactorily with the available staff. The expansion of the Sanitary staff is urgently required.

3. The other important Health Services—Laboratory, Maternity and Child Welfare and School Health—are administered by the County Council, and the Keycol Infectious Diseases Hospital is administered by a Joint Hospital Board. Ambulance Services are maintained by the St. John Ambulance Brigade and by the Keycol Hill Hospital for Infectious Diseases. The only comment I am in a position to make refers to the Infectious Diseases Hospital Service which under the existing agreement does not admit cases of measles and whooping cough even when complications arise or unsatisfactory domestic circumstances demand admission to Hospital. Whatever the cause for the present restriction may be, it is obviously a serious matter that no provision is made for these rare but urgent contingencies and it is hoped that suitable arrangements will be made as soon as possible.

4. SCHOOL HEALTH

(i) By courtesy of the County Medical Officer I am permitted to reproduce in this Report extracts from the findings of School Medical Inspections which are of immediate local interest both as an indication of the standard of health among children of school age and as a guide to the defects which afflict them and therefore to whatever measures can be taken to prevent them, if possible,

(ii) The number of children examined at *Periodical Medical Inspection* during the year was 787 which included 336 entrants, 204 second age group children, and 95 third age group, the remainder being unspecified. Of the 787 inspected, 175, or **22.2** per cent., were found to have defects which required treatment *other than Dental Treatment*.

(iii) The commonest defects found are classified as follows in order of frequency:—

TABLE VI.

Defect	Requiring		Total	% age
	Treatment	Observat'n		
Nose and throat ...	61	50	111	53.1
Orthopædic (flat foot posture, defects, etc.) ...	37	34	71	34.2
Eye (Vision, Squint, etc.) ...	44	15	59	28.5
Unclassified ...	35	57	92	44.4

(iv) The order of frequency of the defects found is similar to that obtaining in adjoining (urban) Districts, but the proportions are very much higher. Thus, the percentage in Sittingbourne District for Nose and Throat defects is 29 as against 53; for orthopædic defects 13.3 as against 34.2; and for eye defects 10.2 as against 28.5.

(v) The classification of the general condition of pupils inspected during the year was as follows:—

TABLE VII.

Groups	Number Inspected	Percentages		
		Good	Fair	Poor
Entrants	336	30.1 (84)	47.9 (13.4)	22 (2.6)
Second Age Group ...	204	32.8 (28.2)	56.9 (58.8)	10.3 (13)
Third Age Group	95	20 (54.1)	66.3 (42.1)	13.7 (3.8)
Other periodic Inspections	152	53.3 (79)	34.2 (20.1)	12.5 (0.91)
Totals	787	34.1	49.8	16.1

(vi) The figures in brackets relate to findings in an urban District (Sittingbourne). It will be noted that the urban children win practically all along the line with a much larger percentage in the best class (Good) and a very much lower percentage in the worst (Poor) class. These findings support those relating to the Infant Mortality Rate reported in Section 1 [§8 ii(d)]. I have no doubt in my own mind that the better services and the better amenities of town life are responsible in great measure for this difference in favour of the town child.

(vii) *Dental Defects*.—Separate figures are given for dental inspections and defects. The resultant figures may be summarised as follows:—

a. Number of pupils inspected by Dental Officers at Periodic Special Examinations	1748
b. Number found requiring treatment	684
c. Percentage	39% (60%)
d. Number actually treated	472
e. Percentage	69%

In this case the rural children beat the urban children by a very handsome margin—vide figure in brackets. Does this have any relation to the better opportunities presented in the country for ingestion of more milk, fruit and vegetables? Obviously this cannot be the explanation because, if this were the case, the general condition of the rural child would have shown a corresponding improvement. For the moment, I am frankly puzzled by these conflicting findings.

(viii) *Infestations with vermin*. — The total number of examinations carried out was 15,510. Of these 405 were found to be infested, or 2.6%, whereas the figure for the town child was only 0.7%. Again this is undoubtedly due to the improved amenities, particularly bathing facilities, available in town life.

SECTION IV.

SANITARY CIRCUMSTANCES OF THE AREA.

1. WATER SUPPLIES

(i) A mains supply from the Rainham Water Company, distributed partly by their own mains and partly by those of the Swale Rural District Council, affords an ample supply of water of good quality to the western parishes of Hartlip, Upchurch, Lower Halstow, Newington and Bobbing. The central and eastern parishes of Bredgar, Tunstall, Borden, Milstead, Rodmersham, Kingsdown, Doddington, Lynsted, Teynham, Norton, Eastling, Stalisfield, Throwley, Badlesmere, Sheldwich, Boughton, Selling, Dunkirk, Hernhill and Graveney are well served by the Mid-Kent Water Company, and the parishes of Bapchild and Tonge and Oare are supplied by the Swale Rural District Council and the Faversham Water Company respectively.

(ii) The outlying parts of some of these parishes together with the whole parishes of Luddenham, Stone and Buckland have no main supply and rely on well water which is usually fairly plentiful and of reasonable purity. The only portion of the District without a supply of water is the Courtenay Road area in Dunkirk and two cottages at Beacon Hill. A scheme for supplying main water to the parishes of Luddenham, Stone and Buckland is in being and it is hoped that the work will be carried out next year.

(iii) Over the whole area some 87% of the houses have main supplies. Twelve samples of water were taken during the year, nine of treated water and three of raw water and all were found to be satisfactory on bacteriological examination.

2. DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL

In this District only the more populous parishes are served by a sewerage system, namely Boughton, Lynsted, Teynham and Newington. Extensions have been started to serve the parish of Iwade and arrangements are in hand to serve the Conyer area.

3. HOP PICKERS' AND FRUIT PICKERS' CAMPS

(i) The number of permanent Camps to serve hop pickers and fruit pickers is 36. The general standard of sanitation is extremely poor in all camps. No facilities whatsoever are provided for bathing, or for the washing of clothes and of cooking and eating utensils. Cooking facilities are of poor design and the type of latrine provided is most insanitary from the point of view of fly contamination and maintenance. The standard of accommodation provided is crude although some improvements are being made in the type of new huts provided. The majority, however, are old wooden huts, quite a large percentage of which still have earth floors.

(ii) There is ample scope for improvement in all directions and particularly in the type of camp installation provided. Much

advantage and comfort could be gained by the adoption of many of the types of camp installations evolved by the Army during the war. In their present condition these camps are frankly frightening and their saving grace is that they are only occupied for a short period (three weeks). Nevertheless, the health and the lives of some 7,500 pickers, mostly imported from the East End of London, are exposed to serious risks, which, although they themselves are prepared to accept in return for what they regard as a holiday in the country with pay, it is our duty to try to minimise. The present bye-laws are inadequate to effect any improvements in this direction and without some form of persuasion it is difficult, if not impossible, to induce the farmer owners that any improvements in standard are necessary.

4. SCHOOL HYGIENE

(i) In several schools in the District the sanitation leaves a very great deal to be desired. There are closets of antiquated pattern with poor flushing arrangements difficult to maintain in a clean condition and, in some cases, pails which are only emptied once or twice a week. These are not conducive to the practical teaching of hygiene to the children, let alone the immediate risk they constitute to their health.

(ii) In many schools the facilities for the washing of hands is most inadequate and it is only in the most modern schools that hot water for this purpose is provided. It is no good trying to teach children to keep their hands clean unless adequate facilities are provided for them to do so.

(iii) Both heating and lighting in many schools is defective and the accommodation provided for the drying of wet coats is effective in only one modern building in the District.

(iv) The arrangements made for the washing up of eating utensils are poor in many cases. The mid-day meal is a blessing in many ways but it is very necessary that refectories should be provided apart from class rooms and that washing up facilities, i.e. ample hot water, detergents and storage, should be adequate.

(v) The school should provide, by precept and by practical example, the basis of hygiene education. There appears to be much leeway to be made up before this principle can be attained in the Swale.

(vi) One school (Dunkirk) has a swimming bath in which the arrangements made for the prevention of the spread of disease are inadequate. This serious defect was referred to the Education Committee.

5. INSPECTIONS—

A detailed statement of inspections carried out by Sanitary Inspectors is shown in Appendix D.

6. FACTORIES—

A detailed statement of the 122 Factories and Workshops registered with this Local Authority is shown in Appendix E.

7. SCAVENGING, DRAINAGE AND SEWERAGE AND CESSPOOL SERVICES—

These are administered by the Engineer and Surveyor's Office. There is a very serious shortage of vehicles available for refuse removal and the services provided by the end of the year under review were definitely inadequate to cover this very widely scattered population. The main difficulty was the delivery of vehicles and it was hoped that this would be overcome early in the new year.

8. DISINFECTION—

Disinfection was carried out in 25 houses during the year in connection with cases of Scarlet Fever, Diphtheria and Tuberculosis.

SECTION V.

FOOD.—INSPECTION AND SUPERVISION.

1. MILK SUPPLIES—

(a) There are 61 producers, 30 producer-retailers and 64 retailers registered with the Council. Of these, three produce "Accredited" Milk and nine Tuberculin Tested Milk.

(b) Twenty-four samples of milk were taken in the course of the year of which five, or 20%, were unsatisfactory. Both the small number of samples taken and the high percentage of unsatisfactory reports are disquieting and indicate the need for better supervision and education in the handling of milk and milk-producing apparatus. The most expensive and the most modern equipment is not fool-proof against the human factor and until the **need** and the **reason** behind the precautions advised are thoroughly understood by all who handle milk there is little hope of improvement in the standards of purity obtained. Education and an adequate inspectorate together provide the only solution.

(c) *Milk Supply in Schools.*—This is on a most unsatisfactory basis in as much as many schools in the District are supplied with untreated milk said to be derived from Tuberculin Tested herds but not graded or sold as such. In my view no milk supplied to children should be untreated whatever the source. This important matter has been represented to the County Education Authority.

(d) *Ice Cream.*—No ice cream is either made or reconstituted in the District and no samples of any sold in the District by itinerant vendors or shops were taken during the year. Arrangements are being made for samples to be taken from the itinerant vendors and from the five premises registered for the sale of ice cream.

(e) *School Kitchens.*—The School kitchen at Teynham which supplies meals to school children at Bapchild and Tonge, Lynsted, Milstead and Frinsted, Rodmersham, Teynham, Tunstall and Norton, was inspected. The standard of sanitation and the arrangements for the storage of food were found to be unsatisfactory and the matter was reported to the Education Authority for such action as they considered necessary.

(f) *Chemical Analysis.*—(i) By courtesy of the Chief Inspector of Weights and Measures who has provided the necessary data, I am able to report that 17 samples of milk were taken in this District by County Sampling Officers under the Food and Drugs Act, 1938, and that three of these, or 17.6%, did not conform to the prescribed standards of fat and solids other than fat.

(ii) In addition to milk, samples were taken of butter (2) and a variety of other food stuffs ranging from Breakfast Oats to Vegetable Soup, a total of 19 samples all of which were genuine.

2. MEAT AND OTHER FOODS—

(a) No slaughtering takes place in the District, but as a result of inspection of food shops a number of items, mainly beef and mutton, amounting in all to 2,056lbs., were found unfit for human consumption, because of early decomposition and destroyed.

(b) In addition 533 tins of food stuffs, ranging from stewed steak to dried milk, were condemned as unwholesome or “blown.”

(c) Details in Appendices B. and C.

3. BAKEHOUSES—

(a) There are six in the rural area. Their design, arrangement and standard of sanitation, particularly in respect of storage and protection from flies and dust are not above reproach.

4. FISH FRYING SHOPS

Two premises are registered in the District and both are reported on as satisfactory.

5. RAT DESTRUCTION—

(a) Owing to the association of food with rats and other rodents this paragraph has been included under the Section on food.

(b) The Council's decision in the early part of the year to improve the Service of Rodent Control by the employment of two “Operators” and the provision of a van has not fully materialised, but the present “Operator,” appointed in July (21st) has given great satisfaction in the carrying out of his duties.

(c) During the year, 11 complaints of infestations were investigated and subsequently verified and dealt with. In addition, 143 other cases of infestation ascertained in the course of routine surveys were dealt with and 11 further cases were awaiting treatment at the end of the year. It is estimated that 2,860 rats were destroyed in the course of these “treatments.”

(d) The classification of cases dealt with is as follows:—

Dwelling houses	84
Shops and business premises	30
Farms	29
Refuse, tips, sewers, etc.	11

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SECTION VI.

HOUSING

(i) This is the last Section in the Report, but is by no means the least. In fact housing is the most immediate and urgent public health problem which presents itself to-day. Its extent may be gauged by the fact that at the beginning of the year under review there were approximately 900 applicants for houses, and by the end of the year only 59 of these could be satisfied by the allocation of Council houses. The distress which is being experienced by many families is acute not only by reason of their enforced life in houses which are in a bad state of repair, damp, dark and provided with the most primitive and insanitary closets, but also because of the overcrowded conditions prevailing in many houses shared by different families. Ordinarily many of the houses now in use would without question be condemned as unfit for human habitation, but the measure of the present deplorable situation may be appreciated by the fact that it would avail nothing to do so when no alternative accommodation can be offered to these unfortunate people. There are large numbers of people living in a state of squalor comparable only to conditions found in Asiatic countries and there are still 99 families living in "temporary" Nissen huts at Sharsted, Iwade and Dunkirk. The repercussions which these conditions will have on the health and, indeed, on the morals, of the people are incalculable.

(ii) The Council is doing all it can to ease this desperate situation, but even the best efforts which are possible under the present restrictions can only meet a fraction of the demand. The figures quoted above make this only too painfully obvious. It is not for this Office to suggest how this situation can best be remedied and how far it is practicable financially to step up the building programme to bring relief more quickly than is at present possible. It is, however, my duty as Medical Officer to reiterate the danger to the health of the people which the present rate of progress will inevitably bring in its train.

(iii) In addition to the 59 Council houses,* 27 temporary houses ("prefabs") were allocated, 9 at Newington and 18 at Teynham. Twenty-one private houses were built during the year, three houses were reconditioned under the Housing Rural Workers' Act, and one disused house in an extreme state of dilapidation was declared unfit for human habitation. Beyond this the only work which could be done was the service of 95 informal notices for the abatement of defects in houses and of statutory nuisances; of these 78 were complied with. Eight Statutory Notices were served during the year which dealt with nuisances arising from overflowing cesspools, defective sinks and drainage, inadequate water supplies, dampness, defective roofs and floors and insufficient closet accommodation. This is the limit of what could be done. There are

many houses in need of urgent and substational repairs but, under existing circumstances, with shortages of labour and of materials and the restrictions in force, it is extremely difficult for major repairs to be carried out. Worse still, this delay is causing further deterioration which will render many houses beyond the scope of repair at reasonable cost.

(iv) A full and up-to-date account of the number of houses which should be condemned as unfit for habitation; houses which can only be rendered fit by major repairs; and houses which only require minor repairs cannot at present be stated because the Rural Housing Survey has not been carried out owing to the inadequacy of the present staff of Sanitary Inspectors. The Council are fully aware of this situation and propose to take steps in the near future to augment the staff so that this essential work may be carried out with all possible speed. Hitherto progress in this respect has been slow and patchy.

* Of the Council houses provided, 40 were built of traditional brick; all were three-bedroom houses, 30 with a parlour and 10 without; 4 were of Swedish design 15 were Aireys.

APPENDIX A

	Oph. Neon	Scarlet Fev.	Diphtheria	Pneumonia	Erysipelas	Puer. Fev.	C.S.M.	Dysentery	Poliomyelitis	Measles	Whooping C.	Pul. T.B.	Non Pul. T.B.	Totals
Badlesmere	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Bobbing ...	1	1	—	—	—	—	—	—	—	5	2	—	—	9
Borden	—	2	—	—	—	—	—	—	—	7	5	—	—	14
Boughton ...	—	2	1	1	—	—	—	—	—	48	—	1	—	53
Bredgar ...	—	1	—	—	—	—	—	—	—	—	2	—	—	3
Buckland ...	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Doddington	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Dunkirk ...	—	1	—	—	—	1	—	—	—	4	—	—	—	6
Fav Without	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Graveney ...	—	—	—	3	1	—	—	—	—	—	—	—	—	4
Hartlip ...	—	—	—	2	—	—	—	—	—	14	1	—	—	17
Hernhill ...	—	—	—	—	1	—	—	—	—	18	1	—	—	20
Iwade	1	—	—	—	—	—	—	—	—	1	1	—	—	3
Leaveland ...	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Low Halstow	—	1	—	1	—	—	—	—	—	10	—	—	—	12
Luddenham	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Lynsted ...	—	—	—	—	—	1	—	—	—	—	—	1	—	2
Milsted	—	—	—	1	—	—	—	—	—	1	—	—	—	2
Newington	—	2	—	2	—	—	1	—	—	17	1	1	—	24
Newnham	—	2	—	1	—	—	—	—	1	—	—	—	—	4
Norton	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Oare	—	—	—	1	—	—	—	1	—	—	9	—	—	11
Ospringe ...	—	—	—	—	—	—	—	—	—	—	5	1	—	6
Rodmersham	—	1	—	—	—	—	—	—	—	1	—	—	—	2
Selling	—	1	—	—	—	—	—	—	—	2	4	2	1	10
Sheldwich ...	—	—	—	1	—	—	—	—	—	—	7	1	—	9
Stalisfield ...	—	1	—	—	—	1	—	—	—	—	—	—	—	2
Stone	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Teynham ...	—	1	—	1	—	—	—	—	—	4	—	—	—	6
Throwley ...	—	—	—	—	—	—	—	1	—	4	3	—	—	8
Tunstall ...	—	—	—	—	—	—	—	—	1	2	—	—	—	3
Upchurch ...	2	9	—	1	1	—	—	—	—	12	—	—	—	25
Total ...	4	26	1	16	3	3	1	2	2	150	48	10	2	268

APPENDIX B. (Ref page 24)

Meat				
150	lbs.	Loin pork	... ..	Tainted
60	lbs.	Top piece beef	... ..	"
6½	lbs.	Ox Liver	... ..
1½	lbs.	Sheeps' liver	... ..	Abscesses and Necrosis
30½	lbs.	Pork	... ..	Decomposition
36½	lbs.	Pork	... ..	"
110	lbs.	Top and rump Beef	... ..	Decomposition and Taint
183	lbs.	Hind Beef	... ..	Tainted
178	lbs.	Hind Beef	... ..	"
224	lbs.	Hind Beef	... ..	"
84	lbs.	Fore Beef	... ..	"
12	lbs.	Beef	... ..	"
180	lbs.	Hind Beef	... ..	"
135	lbs.	Fore Beef	... ..	"
100	lbs.	Frozen Rib and Pony	... ..	"
172	lbs.	" " " "	... ..	"
167	lbs.	" " " "	... ..	"
110	lbs.	Beef	... ..	"
116	lbs.	Lamb	... ..	Decomposition
<hr/>				
2,056	lbs.			

APPENDIX C. (Ref page 24)**Other Foods**

4	tins	Stewed Steak	... ..	Blown
3	tins	Meat	... ..	"
1	tin	Milk	... ..	"
1	tin	Beans	... ..	"
4	lbs.	Cheese	... ..	Unwholesome
1	x 2½	lbs. Pork Luncheon Meat	... ..	Decomposition
1	x 10	ozs. Stewed Steak	... ..	Damaged Tin
22	tins	Evaporated Milk	... ..	" "
2	x 2½	lbs. Pork Luncheon Meat	... ..	Blown
360	x 1	lb. Jam	... ..	Decomposition
4	x ½	lb. Suet	... ..	Mildew
60	lbs.	Dried Milk	... ..	Unwholesome
20	lbs.	Semolina	... ..	Weevil
50	lbs.	Dried Milk	... ..	Unwholesome

APPENDIX D. (Ref page 21)**Visits**

Public Health Visits	... ..	263
Public Health Revisits	... ..	572
Housing Acts and Revisits	... ..	13
Housing Survey	... ..	41
Interviews	... ..	381
Cowsheds and Dairies	... ..	96

APPENDIX D. (Ref. page 23)

Visits (continued from page 27)

Food Premises	...	...	...	...	61
Hop Pickers	...	...	...	...	151
Infectious Disease	...	...	...	...	46
Re Building Licences	...	...	...	...	446
Re Council House Applications	...	...	...	...	593
Re Council House Tenancy	...	...	...	...	11
Factories	...	...	...	...	29
Water Samples	...	...	...	...	12
Rats	...	...	...	...	27
With District Sanitary Inspector	...	...	...	...	15
Inns, etc.	...	...	...	...	5
Tents, Van, Sheds	...	...	...	...	19
Bakehouses	...	...	...	...	7
Ice Cream	...	...	...	...	2
					<hr/>
					2,790
					<hr/>

APPENDIX E. (Ref page 22)

List of Factories and Workshops in the Swale Rural District

Bakers	...	...	...	...	6
Blacksmiths	...	...	...	...	9
Boot and Shoe Repairing	...	...	...	...	10
Brickmakers	...	...	...	...	4
Builders	...	...	...	...	19
Cider Making	...	...	...	...	1
Coffee Grinding	...	...	...	...	1
Cycle Repairs	...	...	...	...	2
Fruit Preserving	...	...	...	...	1
Garages	...	...	...	...	25
Gravel Digging	...	...	...	...	1
Hairdressers	...	...	...	...	3
Ladder Making	...	...	...	...	5
Packing Case Makers	...	...	...	...	1
Plumbers	...	...	...	...	2
Saddlers	...	...	...	...	2
Sandpits	...	...	...	...	1
Ship Builders	...	...	...	...	2
Smiths	...	...	...	...	2
Spile Makers	8
Tailors	4
Wash Mills	2
Wharfs	2
Wheelwrights	2
Wood Sawyers	7
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